U.S. Department of Labor Office of Labor-Management Standards 🗗 Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

USD SEED as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440 This report is mandatory un

For Official Use Only

Form LM-30 (2003)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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1 File Number U	2 Fiscal Year Covered From
12403	_01/_01/_2004 Through 12/31/2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name John L Watson	Name IBEW Local #146
	Labor Organization File Number 008-422
PO Box Bidg Room No if any	PO Box Building and Room Number if any
Street 3700 E County Road 1100 North	Street 3390 N Woodford Street
CityMattoon	Cnty Decatur
State ZIP Code + 461938	State Illinois ZIP Code + 4 62526
5 Position in labor organization IBEW Local #146 member	
(except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of	
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Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business dea's with:
Name Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer
City ZIP Code + 4	·
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Goldberg, Weisman & Cairo, LTD Trade Name, if any:	Dinner at Chesapeake Seafood House Springfield, Illinois 3/24/2004 - 6:30 pm
P.O. Box, Bidg., Room No., if any	
Street One East Wacker Drive, 34th Floor	
City Chicago	
State ZIP Code + 4 60601	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represents my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004 Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report

Signature Date

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